

GCSC-1A

NYS RACING & WAGERING BOARD
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Schenectady, NY 12305-2553
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**APPLICATION FOR
REGISTRATION AND
IDENTIFICATION NUMBER
TO CONDUCT SENIOR
CITIZENS GAMES OF
CHANCE**



(Send original and one copy to the above address. Retain one copy.)

1. Name of applicant organization: _____
2. Address of organization: _____
3. Indicate name of municipality where organization is located: _____
(City, Town or Village)
4. Date organized: _____ Is organization incorporated? Yes No
(Note: The organization must be established for at least 3 years prior to submitting this form.)
5. Has applicant ever been known by another name? Yes No If so, give name and explain:

6. Number of members of applicant this date: _____
7. Are regular membership meetings held? Yes No Where and how often?

8. Name and address of premises where applicant will conduct games of chance:

Attach one copy of each of the following:

- a list of organization's officers' names, titles and addresses;
- Constitution and By-laws.

Guidelines:

1. the organization must apply for an identification number from the board;
2. all of the members of the applicant are at least 60 years of age;
3. sole purpose of which applicant will conduct games of chance is for the amusement and recreation of its members;
4. no player or other person furnishes anything of value for the opportunity to participate;
5. no person other than a bona fide active member of the organization participates in the conduct of the games, and no person is paid for conducting or assisting in the conduct of game or games;
6. the maximum aggregate prize of \$10 for each type of game, which shall be distributed to the highest accumulator or accumulators of scrip, chips or tokens;
7. no more than five types of games of chance shall be conducted during any session; and
8. the organization shall not conduct games of chance more than 12 times in any calendar year.

I hereby certify, subject to the penalties of perjury, that the information furnished above and the following statements are true and correct to the best of my knowledge.

Print Name & Title of Chief Officer

Signature of Chief Officer

Print Address of Chief Officer

Telephone Number of Chief Officer

